HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER FOOD SERVICE ESTABLISHMENTS

Unless directed otherwise, all items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail to PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

Plans are reviewed using North Carolina's 15A NCAC 18A .2600 "Rules Governing the Food Protection and Sanitation of Food Establishments" and the NC Food Code Manual To view these rules, go to http://www.deh.enr.state.nc.us/rules.htm or obtain a copy from our office at 307 West Cornelius Harnett Boulevard, Lillington, NC 27546. For additional information regarding facility design, you can access the plan review link of the Environmental Health section on the Health Department's website at www.harnett.org. Plans must be submitted to the local health department for approval prior to construction, renovation, or modification of such facilities.

*Franchised, chain, and prototyped facilities are required to submit a separate application and plans to the Department of Public Health, Environmental Health Section Plan Review Unit at 5605 Six Forks Rd., Raleigh, NC 27609.

If you have questions, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Violette, REHS
Food and Lodging Program Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Mikki Eason, REHS
Environmental Health Specialist

Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

_____ A complete set of plans drawn to scale showing the placement of each

piece of food service equipment, storage areas, trash can wash facilities, etc. along with general plumbing, electrical, mechanical, and lighting drawings Plans must include a site plan locating exterior equipment such as
 dumpsters or walk-in coolers A complete equipment list and corresponding manufacturer specification
sheets
_ A proposed menu
A completed Food Service Plan Review Application
\$200 Plan Review Fee

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Food Service Plan Review Application

Type of plan: New X	Remo	odel	
Name of Establishment: Scooters Co	offee		
Physical Address:			
City: Lillington	State: 1	NC	Zip: <u>27546</u>
Phone (if available):		_ Fax: _	
Email:			
Applicant: Joanie Godsey			
Address: 1950 Craig Rd. Suite 300			
City: St. Louis	State:	МО	Zip: _63146
Phone:			
Email:earcv.com			
Owner (if different from Applicant):	Andracchio	
Address: 80 Guardian Court. Suite 125			
City: Rocky Mount	State:	NC	Zip:
Phone: 252-452-8101		_ Fax: _	
Email:brice.andracchio@guardiancos.com			
I certify that the information in	this app	lication	is correct, and I understand that any
deviation without prior appro-	val from	this De	partment may nullify plan approval.
Signaturo			Data
Signature:(Applicant or Res			

Hours of Operation:	
Mon 6am-8pmTues6am-8pmWed6am-8pmTh	urs6 <u>am-8p</u> mFri6 <u>am-8p</u> mSat6 <u>am-8p</u> mSun6 <u>am-8pm</u>
Number of Seats:0	
Facility total square feet: 664	
Projected start date:	
Type of Food Service:	Check all that apply
_x Restaurant	Sit down meals
Food Stand	X Take-out meals
Drink Stand	Catering
Commissary	
Meat Market	
Other (explain):	
Utensils:	
Multi-use (reusable):	Single-use (disposable): X
Food delivery schedule (per week):	1 delivery per week
Indicate any specialized process tha Curing Acidification (so	•
Reduced Oxygen Packaging (e	.g. vacuum packaging, sous vide, cook-chill, etc.)
Has the process been approved by the Protection Branch?	e Variance Committee of the DPH Food
Indicate any of the following highly s userved: $^{ m N/a}$	sceptible populations that will be catered to or
	child Care CenterHealth Care Facility

___ Assisted Living Center

_____ School with pre-school aged children or an immunocompromised population

Water Supply:					
Type of water supply: (check one) □ Non-public (well) □ Community/Municipal					
ls an annual water sample required of your establishment? (check one) □ Yes ☑ No					
Wastewater System:					
Type of wastewater system: (check one) □ Public sewer □ On-site septic system					
Water Heater:					
Manufacturer and Model: AO Smith #DEL-40					
Storage Capacity: gallons					
Electric water heater: kilowatts (kW)					
Gas water heater: BTU's					
Water heater recovery rate: _45 GPH					
If tankless, GPM; Number of heaters:					

Person in Charge (PIC) and Employee Health

1.

3.

Are Persons in Charge certified f accredited by an approved ANSI	-	_	ve passed a test		
Eligible Person In Charge:					
Program	_ Cert. #	Ехр	. Date		
For multiple shifts and/or occasion	ons of absences, list	all eligible Pe	ersons in Charge:		
Eligible Person In Charge:					
Program	_ Cert. #	Ехр	. Date		
Eligible Person In Charge:					
Program	_ Cert. #	Ехр	. Date		
*Attach a copy of your establishment's Employee Health Policy					
Are copies of signed Employee Health Policies on file?					
Food Sources					
Names of food distributors:		Deliveries/wk			
Harvest Roasting		1 per week	_		
			_		
			_		

Time/Temperature Control for Food Safety
Foods that will be held hot before serving:
Foods that will be held cold before serving:
Will time be used as a method to control for food safety? Yes Will a buffet be provided? No If so, attach a list of foods that will be on the buffet.
Cooling
List foods that will be cooked and cooled for later use or added to another food as an ingredient:none - all food is pre-packaged and prepared off site
Describe utensils and methods used to cool foods:
Describe derisins and methods used to coorroods.
Dry Storage
Frequency of deliveries per week: Number of dry storage shelves:
Square feet shelf space:ft ²
Is a separate room designated for dry storage? No
Food Preparation Facilities
Number of food prep sinks: Are separate sinks provided for vegetables and meats? $_{N/a}$ Size of sink drain boards (inches):
How will sinks be sanitized after use or between meat species? No food preped on site
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Dishwashing Facilities

Manual Dishwashing

Number of sink compartments:
Size of sink compartments (inches): Length $\underline{^{10"}}$ Width $\underline{^{14"}}$ Depth $\underline{^{10"}}$
Length of drain boards (inches): Right $\underline{^{14"}}$ Left $\underline{^{15"}}$
Are the basins large enough to immerse your largest utensil?
What type of sanitizer will be used?
Chlorine Quaternary Hot water (171°F)_X Other (specify) Sanitizer solution
Mechanical Dishwashing
Will a dishmachine be used? Yes No _x
Dishmachine manufacturer and model:
Hot water sanitizing? or chemical sanitizing?
contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? • Follow manufacturer's instructions regarding the use of chemicals for cleaning and sanitizing food contact surfaces. • Refer to the Material Safety Data Sheet (MSDS) provided by the manufacturer if you have questions about the use of specific chemicals. • Wash surface with detergent solution to clean. • Rinse the surface with clean water to remove debris and detergent. • Sanitize surface using a sanitizing solution mixed at the concentration specified on the manufacturer's label. • Allow items to air dry.
How many air drying shelves will you have?
Calculate the square feet of total air drying space:ft ²
Hand washing
Indicate number and locations of hand sinks in the establishment:
2 hand wash sink in the kitchen area, once by dishwashing, one by drink prep/pick up window 1 hand sink located in restroom
Employee Area Indicate location for storing employees' personal items:employee lockers provided outside restroom

Finish Schedule

*Floor, wall and ceiling finishes (vinyl tile, acoustic tile, vinyl baseboards, FRP, etc.)

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Sealed Concrete	Vinyl Wall Base	FRP	Washable ACT
Bar				
Food Storage				
Dry Storage				
Toilet Rooms	Sealed Concrete	Vinyl Wall Base	FRP	Washable ACT
Garbage & Can Wash Areas				
Other				
Other				

Garbage, Refuse and Other

Will trash be stored in the restaurant overnight? Yes No $\frac{X}{X}$ If so, how will it be stored to prevent contamination?
_ocation and size of can wash facility:
Are hot and cold water provided as well as a threaded nozzle?
Will a dumpster be provided?
Do you have a contract with the dumpster provider for cleaning?
How will used grease be handled? Interior Grease Interceptor
s there a contract for grease trap cleaning?
Are doors self-closing? Fly fans provided?
Where will chemicals be stored? Seperate from all foods, dishes, utensils, linens, and single use items
Where will clean linen be stored? on designated wire rack
Where will dirty linen be stored? Aramork provided hamper

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process. Incomplete descriptions may result in the application being returned.

Explain the entire food handling procedure for <u>each food item on the proposed menu</u>. Including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

FOOD PRODUCT_	Please see provided food safety guide - all food is pre-packaged prepared off site				
FOOD PRODUCT _					
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^{***}ADDITIONAL SHEETS ARE AVAILABLE